

**KANSAS DEPARTMENT ON AGING
FIELD SERVICES MANUAL**

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3.1 Case Management Services

3.1.1 Introduction and Definition

Case management (CM) consists of providing assistance in access and coordination of information and services to older customers and/or their caregivers to support the customers in the living environment of their choice. CM services funded by Older Americans Act (OAA) Title III B and by Senior Care Act (SCA) through the Kansas Department on Aging (KDOA) are subject to an annual grant and/or contract process.

Targeted Case Management (TCM) is defined as those services that will assist the individual in gaining access to medical, social, educational and other needed services. TCM is billed by units of service, reimbursed at the rate established by KDOA, and is provided only by qualified Medicaid enrolled providers.

Case managers providing CM or TCM services shall comply with KDOA regulations and policies, both current and as amended in the future.

3.1.2 Targeted Population

- A. Individuals assessed and referred pursuant to KSA 39-968 (CARE Program) who reside in the community and can function independently with the assistance of community based services;
- B. Individuals to be discharged from hospitals and nursing homes; and
- C. Residents of long term care facilities who are able to return to their home or other community-based setting if services are provided to them.

3.1.3 Customer Eligibility

- A. Individuals must meet the following requirements to be eligible for CM funded by OAA:
 - 1. The customer must be 60 years of age or older;
 - 2. The customer must have received a full uniform assessment;
 - 3. The customer must require multiple services and/or related activities performed wholly or partially for them;
 - 4. The customer is unable to obtain, coordinate, and monitor the required services for himself or herself without assistance; and
 - 5. The customer does not have a designated person acting on their behalf that is able and willing to provide adequate coordination and monitoring of services.

3.1.3 (cont.)

- B. Individuals must meet the following requirements to be eligible for CM funded by SCA:
1. The customer must be 60 years of age or older;
 2. The customer must have received a full uniform assessment;
 3. The customer must meet the Long Term Care Threshold criteria established for SCA;
 4. The customer must require multiple services and/or related activities performed wholly or partially for them;
 5. The customer is unable to obtain, coordinate, and monitor the required services for himself or herself without assistance; and
 6. The customer does not have a designated person acting on their behalf that is able and willing to provide adequate coordination and monitoring of services.
- C. Individuals must meet the following requirements to be eligible for TCM:
1. The customer must be 65 years of age or older;
 2. The customer must be financially eligible for Medicaid as determined by the Kansas Department of Social and Rehabilitation Services (SRS);
 3. The customer must meet the Medicaid Long Term Care Threshold criteria established for Home and Community Based Services for Frail Elderly (HCBS/FE); and
 4. The customer is not receiving services through the Home and Community Based Services for the Physically Disabled (HCBS/PD) waiver.

3.1.4 Case Management Qualifications

- A. Provider Qualifications
1. CM funded by OAA or SCA shall be provided by either employees or contractors of an Area Agency on Aging (AAA) recognized by KDOA.
 2. A provider of Targeted Case Management for the Frail Elderly (TCM/FE) services cannot also provide HCBS/FE waiver direct services including, but not limited to, self-direct/payroll agent services as this would create a conflict of interest.

3.1.4 (cont.)

B. Case Manager Qualifications

1. Case management shall be provided by individuals that have participated in all training stipulated in Section 3.1.6, Training and Certification Requirements, to ensure proficiency of the program, services, rules, regulations, policies and procedures set forth by the state agency administering the program.
2. A targeted case manager employed by, or under contract with, a CME cannot also be employed by, or under contract with, any entity which creates a conflict of interest by providing HCBS/FE waiver services.
3. A Senior Case Manager must meet the following qualifications:
 - a. An individual with a four-year degree from an accredited college or university with a major in gerontology, nursing, health, social work, counseling, human development, or family studies, and that individual has at least one (1) year experience in the geriatric service field; or
 - b. A Registered Professional Nurse licensed to practice in the State of Kansas with at least one (1) year experience in the geriatric service field; or
 - c. An individual providing CM or TCM services through a AAA as of April 1, 2008 shall be deemed as meeting education and experience requirements.
4. A Junior I Case Manager must meet the following qualifications:

An individual with a High School or General Education Diploma and four (4) years work experience in the human services field with an emphasis in aging services; or a combination of work experience in the human services field and post-secondary education, with one (1) year of work experience substituting for one (1) year of education (an individual that meets the senior case manager qualifications must supervise this person).
5. A Junior II Case Manager must meet the following qualifications:

An individual with a High School or General Education Diploma and one (1) year work experience (an individual that meets the senior case manager qualifications must supervise this person).

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3.1.5 Components of Case Management:

Component	Senior Case Manager Qualification Required?	Junior Case Manager Qualification Allowed?
A. Assessment		
1. Assess an eligible individual to determine service needs, including:		
a) taking customer history;	Yes	No
b) identifying the individual's needs and completing the full KDOA uniform assessment instrument (UAI) and related documentation; and	Yes	No
c) gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the individual.	Yes	No
2. Documenting all pertinent information related to tasks completed.	Yes	No
B. Development of a Plan of Care (POC)		
1. Develop a plan of care that:		
a) is based on the information collected through the assessment;	Yes	No
b) specifies the goals and actions to address the medical, social, education, and other service needs of the individual;	Yes	No
c) includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop such goals, and identify a course of action to respond to the assessed needs of the eligible individual; and	Yes	No
d) includes time spent discussing service options and alternatives, needs, and preferences of the customer, services to be provided, authorized costs, and the implementation dates.	Yes	No
2. Documenting all pertinent information related to tasks completed.	Yes	No

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Component	Senior Case Manager Qualification Required?	Junior Case Manager Qualification Allowed?
C. Referral and Related Activities		
1. Help an individual obtain needed services, including:		
a) activities that help link the individual with medical, social, or educational providers; or	Yes	No
b) activities that help link the individual with other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual, including but not limited to:	Yes	No
• reporting to Adult Protective Services and/or law enforcement any suspected abuse, neglect, or exploitation of the individual, or	Yes	Junior I and Junior II Case Manager
• assisting the individual with acquiring needed supplies in an emergency when informal or formal supports are not available.	Yes	No
2. Finalizing prior authorization of the individual's POC prior to its implementation. Prior authorization includes entering the POC into the prior authorization system and notifying the individual of services and the levels to be provided.	Yes	Junior I and Junior II Case Manager
3. Expanding the service options available by encouraging the informal supports and formal service providers to be more flexible, and also seeking new or non-traditional resources and services.	Yes	No
4. Promoting the enrollment of new providers on behalf of individuals.	Yes	No
5. Documenting all pertinent information related to tasks completed.	Yes	Junior I and Junior II Case Manager

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3.1.5 (cont.)

Component	Senior Case Manager Qualification Required?	Junior Case Manager Qualification Allowed?
D. Monitoring and Follow-up Activities		
1. Activities and contacts that are:		
a) necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities; and	Yes	Junior I Case Manager only
b) conducted as frequently as necessary to determine whether:		
• services are being furnished in accordance with the individual's plan of care;	Yes	No
• the services in the care plan are adequate; and	Yes	No
• there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with the providers.	Yes	No
2. Ensuring public and private resources are used efficiently to meet the health and welfare needs of the individual as set forth in the POC.	Yes	No
3. Documenting all pertinent information related to the tasks completed.	Yes	Junior I Case Manager only

3.1.6 Training and Certification Requirements

- A. All senior case managers must meet the training and certification requirements for UAI assessors (Section 2.7) prior to completing any component of the UAI.
- B. All senior case managers must complete the following:
 - 1. Comprehensive Case Management (CCM) training provided by the KDOA within three (3) months of the start of their employment or contract or first available KDOA training;
 - 2. all state mandated CCM, UAI, HCBS/FE, TCM/FE, and Kansas Aging Management Information System (KAMIS) training programs on an ongoing basis;
 - a. The initial TCM on-line exams, UAI, and KAMIS training shall be completed prior to the start of the senior case manager's provision of TCM services;
 - b. KAMIS training requirements shall be waived upon KDOA receipt of a letter from the CME's director stating the senior case managers will not be required to enter information into KAMIS; and
 - 3. a total of 15 hours of continuing education on an annual basis (the 15 hours includes CCM training), with an emphasis in aging or geriatric-related topics.
- C. Individuals qualified to provide junior case management components must receive appropriate training and continuing education to perform those components in an effective and efficient manner. CMEs approved by KDOA will provide the training and continuing education of these individuals.

3.1.7 Skills Requirements

Senior case managers must have the following skills:

- A. Conflict resolution;
- B. Time management skills;
- C. Ability to communicate with customers, family members, service providers, and co-workers;
- D. Ability to initiate and sustain effective interpersonal relationships;
- E. Knowledge of community resources and available funding sources;
- F. Knowledge of quality of services recommended; and

3.1.7 (cont.)

- G. Have a thorough and current knowledge of the community-based service system in their service area.

3.1.8 General Case Management Standards

A. Personnel

1. Only qualified individuals may provide CM or TCM services.
2. Case managers must receive the required number of training hours.
3. CMEs must have procedures that address how case managers will be supervised and their work monitored. Junior case management activities must be monitored and approved in the customer's case log by a senior case manager.
4. Volunteers and family members may not receive reimbursement for CM or TCM services.

B. Case Management Services

1. Only eligible customers may receive CM or TCM services.
2. Implementation of services shall occur within seven (7) working days following the determination of eligibility and referral for the services, unless otherwise requested by the customer or their family.
3. There shall be evidence that the customer and the customer's family members are educated on how to manage their own needs, with an ultimate goal of customer/family independence, whenever possible.
4. Case managers shall make every effort to utilize/access all available services to meet the needs of their customers, not just those funded by the AAA.
5. Ongoing evaluation and monitoring shall occur on a regular basis to assure services are being provided according to the POC, timely referrals are made on behalf of the customer; and
 - a. For HCBS/FE customers, client obligation issues are documented as changes occur; and
 - b. For HCBS/FE customers, TCMs are required to make contact with the customer or the customer's representative for monitoring purposes on a quarterly basis, at a minimum, including two face-to-face visits with each customer annually or as otherwise required to meet customer's needs or as related to policy changes.

3.1.8.B (cont.)

6. Utilization of informal and formal resources is coordinated in a cost-effective manner so that there is a continual decrease in the number of unmet service needs experienced by the customer.
7. Documentation accurately reflects customer health status, service provision, choice of providers and coordination of services in accordance with the POC. Documentation also adheres to KDOA policies as set forth in the Field Services Manual and state and federal rules, regulations, and requirements.
8. Each suspected incidence of abuse, neglect, or exploitation (ANE) must be reported to SRS Adult Protective Services (APS) or KDOA Licensure, Certification, and Evaluation (LCE), as appropriate. The report date and appropriate ANE taxonomy code must be documented on the KAMIS POC within 3 working days of making the report. Once the determination is received from APS or LCE, the applicable closure code must be entered on the KAMIS POC.
9. Documented travel time is a reimbursable expense for CM services rendered under SCA only.

C. Quality Assurance

1. Customers must be informed of their rights and responsibilities, and this must be documented in each customer's case file.
2. The CME shall develop and implement an independent complaint mechanism.
3. Cases will be routinely monitored by KDOA quality review staff to determine compliance with customer-based performance criteria.

D. Access

CM shall be available in the entire Planning and Service Area (PSA) for the OAA and SCA programs. TCM services shall be available within the CME's defined geographical area for the HCBS/FE program.

E. Freedom of Choice

1. Customers shall receive OAA or SCA CM services from the AAA responsible for the PSA in which the customer resides. When possible, each AAA shall provide the customer choice of case manager within the agency.
2. Customers shall receive TCM services from the qualified provider of their choice as indicated on the TCM-FE Provider Choice form.

3.1.9 Service Limitations

- A. SCA and OAA CM and HCBS/FE TCM cannot be provided in conjunction with any other case management service.
- B. Individuals that meet the junior case manager qualifications may provide only the tasks stipulated in Section 3.1.5. Senior case managers' time monitoring individuals meeting the junior case manager qualifications is not billable.
- C. The maximum allowable TCM units per customer are 800 units per year.
- D. CM and TCM do not include the direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- E. The case manager may assist the customer with the appeal process, as requested. The case manager may explain how a customer seeks review of a program decision or may provide an appropriate form for the customer to use when requesting a hearing. During the hearing, the customer may be represented by any person or attorney as long as the representative is not the case manager or any other individual employed by, or under contract with, the CME.

3.1.10 Billing

- A. Accounting For and Recording Time
 - 1. AAAs/CMEs shall accurately account for their time spent working on, and recording in, individual customer's case records.
 - 2. AAAs/CMEs shall not submit bills claiming payment for time not actually spent in providing CM and TCM services or time spent during the Quality Review process.
 - 3. A unit of service for CM and TCM is 15 minutes.
 - 4. CM and TCM shall be billed by units or partial units of service as outlined below:
 - a. 0.5 unit = 0.1 through 7.50 minutes of CM and TCM services
 - b. 1 unit = 7.51 through 15.00 minutes of CM and TCM services

Time performing CM and TCM services beyond one unit shall be recorded and billed in the same way.

- 5. If multiple senior case managers consult on a customer's case, their total units of service may be billed.

3.1.10.A (cont.)

6. When an individual is employed in a CM/TCM supervisory capacity and is current with all training and certification requirements, they may bill their consulting time with senior case managers.

B. Required Documentation for Billing

Providers of CM and TCM services are required to maintain individual case records that indicate all contacts with and on behalf of customers. These case records shall include the following information and shall be available for review by state and federal agencies:

1. The first and last name of the individual receiving the service;
2. The date the service was provided (mm/dd/yy);
3. The name of the provider agency;
4. The name of the case manager providing the service;
5. The location of the service provided;
6. The component of case management service provided under Section 3.1.5;
7. The amount of time provided, in units or partial units, per customer;
8. Medicaid Client Obligations shall be documented monthly, when applicable for HCBS/FE customers;
9. When an individual that meets the junior case manager qualifications provides a service, the customer's case log must be reviewed by a senior case manager. The case log must contain the senior case manager's approval and signature prior to any data entry of billing; and
10. The individual providing the CM or TCM services must initial each case log entry and sign each page of the case log.

Using these records as documentation, the CME shall then bill the Medicaid Fiscal Agent or the KDOA, as directed. The TCM shall only bill for documentation to one case file.

C. Reimbursement Rate

The current rate for TCM is \$10.83 per unit.

3.1.11 Case Manager Safety and Welfare

- A. Each case manager should be able to work in an environment free from threats, threatening behavior, acts of violence, or any other related conduct which disrupts the ability to execute the performance of his or her duties.
- B. Each customer shall agree to sign and abide by the “Customer Code of Conduct”.
- C. The AAA’s/CME’s response to safety offenses shall depend on the nature and degree of the offense.
- D. This policy does not supersede statutory and regulatory licensure requirements for licensed nurses, licensed social workers, or other professionals licensed in Kansas.
- E. The AAA/CME shall establish criteria to determine if the case manager is to be accompanied by another employee or a law enforcement official. If another employee is sent, only one may bill for CM or TCM services.
- F. Level I Safety Offense
 - 1. The following are considered Level I Safety Offenses. If an offense occurs, the case manager shall document the offense in the customer’s case log. In addition, the case manager may choose to file a written report with their AAA/CME for further action:
 - a. Verbal harassment toward the case manager, including yelling or demanding behavior;
 - b. Making inappropriate remarks or physical actions toward the case manager that may be considered racist, discriminatory, or sexual in nature;
 - c. Possession of unauthorized materials such as explosives, illegal weapons, or other similar items while in the presence of the case manager;
 - d. Manufacturing, use, or distribution of illegal drugs while in the presence of the case manager; or
 - e. Possession of a legal firearm in the presence of the case manager, when that firearm is not securely stored in a safe location.
 - 2. A written report of a Level I Safety Offense shall result in the following actions:
 - a. The AAA/CME shall provide the case manager with alternative solutions to address the inappropriate behavior or circumstances.
 - b. The AAA/CME shall then attempt to resolve the situation by consulting with the case manager and the customer.
 - c. If the situation remains unresolved, the AAA/CME and the case manager shall develop a written action plan, which shall take customer input into consideration.

3.1.11.F.2 (cont.)

- d. If the customer fails to comply with the action plan and the situation remains unresolved, CM or TCM services may be terminated following a timely notice of action to the customer. Loss of CM or TCM services shall result in the following:
 - i. Termination of all HCBS/FE services;
 - ii. option to self-direct SCA services will no longer be available; and
 - iii. possible termination of services funded by other sources.
 - e. At the time of service termination, a copy of the written report identifying the offense, the action plan, documentation in the customer's case log, and the customer's notice of action shall be submitted to the KDOA.
- G. Level II Safety Offenses:
 - 1. The following are considered Level II Safety Offenses. If an offense occurs, the case manager shall document the offense in the customer's case log. In addition, the case manager shall provide a written report to their AAA/CME for further action:
 - a. Verbal threat or other behavior toward the case manager that insinuates physical harm;
 - b. Sexual assault of the case manager;
 - c. Physical contact with the case manager resulting in bodily harm; or
 - d. Use of a firearm or other weapon in a threatening manner toward the case manager.
 - 2. A written report of a Level II Safety Offense shall result in the following actions:
 - a. The case manager shall contact appropriate authorities, including law enforcement officials or Adult Protective Services staff.
 - b. CM or TCM services shall be terminated following timely notice of action to the customer. Loss of CM or TCM services shall result in the following:
 - i. Termination of all HCBS/FE services;
 - ii. option to self-direct SCA services will no longer be available; and
 - iii. possible termination of services funded by other sources.
 - c. At the time of service termination, a copy of the written report identifying the offense, documentation in the customer's case log, and customer notice of action shall be submitted to the KDOA.
- H. The customer must show steps have been taken to correct the Level I or Level II offense through counseling, rehabilitation for the behavior, or other appropriate action before CM or TCM services may be re-instated.

3.1.12 Reasons for Discharge from Case Management Services

The following are reasons for service discharge:

- A. Death of Customer;
- B. Customer moved out of service area;
- C. Customer moved to nursing facility;
- D. Customer chose to terminate services, or revoked their release of information;
- E. Family or informal support will provide this service;
- F. Customer no longer meets functional eligibility;
- G. Customer no longer meets AAA's OAA or SCA functional criteria;
- H. Program or service ended or terminated due to funding change;
- I. Customer or family interfere with service delivery to the point that it interferes with the AAA's/CME's or provider's ability to provide services;
- J. Customer transferred to another funding source for the service;
- K. Customer refused to sign or failed to abide by the POC or the customer service worksheet;
- L. Customer is determined to be no longer safe in his or her own home;
- M. Customer whereabouts is unknown;
- N. Customer condition improved and service is discontinued;
- O. Customer condition deteriorated and service is discontinued;
- P. The customer refuses to sign the "Customer Code of Conduct" (SS-043);
- Q. Customer, family member, or other person present in the household committed a Level I Safety Offense as specified in Section 3.1.11 and did not comply with the action plan to correct the problem; or
- R. Customer, family member, or other person present in the household committed a Level II Safety Offense as specified in Section 3.1.11.